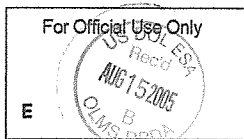


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7046</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Dale</u> <u>L</u> <u>McPherson</u> P.O. Box, Bldg., Room No., if any Street <u>535 McKnight Road S</u> City <u>St Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55119-6911</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Locomotive Engineers & Trainmen</u> Labor Organization File Number <u>000101</u> P.O. Box, Building and Room Number, if any Street <u>1370 Ontario St</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44113-1702</u>
5. Position in labor organization. <u>National Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dale L McPherson

On

8/8/05
Date

612-991-0018
Telephone Number

Name of Person Filing Dale McPherson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Randal LeNeave Trade Name, if any: Hunegs, Stone, LeNeave, Kvas & Thor P.O. Box, Bldg., Room No., if any <input type="text"/> Street 900 Second Ave. S City Minneapolis State Minnesota ZIP Code + 4 55402	14.a. Nature of payment. Hunting License, Dinner, Golf <input type="text"/>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/> \$326

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name W. J. Jungbauer

Trade Name, if any: Yeager, Jungbauer & Barczak

P.O. Box, Bldg., Room No., if any

Street 715 Kasota Ave

City Minneapolis

State Minnesota ZIP Code + 4 55414

14.a. Nature of payment.

Dinner, Golf

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$140

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Brian Cartall

Trade Name, if any: The Cartall Law Firm

P.O. Box, Bldg., Room No., if any

Street 7551 Callaghan Road, Suite 350

City San Antonio

State Texas ZIP Code + 4 78229

14.a. Nature of payment.

Dinner

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Dennis Rathman

Trade Name, if any: Rathman & O'Brien, L.L.C.

P.O. Box, Bldg., Room No., if any

Street 1031 Lami Street

City St. Louis

State Missouri ZIP Code + 4 63104

14.a. Nature of payment.

Dinner, Golf

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$210

Name of Person Filing Dale McPherson	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text" value="Matt McKuen"/> Trade Name, if any: <input style="width: 80%;" type="text" value="United Health Care"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P.O. Box 150453"/> Street <input style="width: 80%;" type="text" value="450 Columbus Blvd"/> City <input style="width: 80%;" type="text" value="Hartford"/> State <input style="width: 20%;" type="text" value="Connecticut"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="06115-0453"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;">3 rounds of Golf</div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$495</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>